



2004

Behavioral Risk Factor Surveillance System

State Questionnaire

Montana

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Adult and Community Health

2004 MONTANA QUESTIONNAIRE BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Section 1: Health Status	4
Section 2: Healthy Days – Health-related Quality of Life.....	4
Section 3: Health Care Access	5
Section 4: Exercise.....	5
Section 5: Environmental Factors.....	6
Section 6: Excess Sun Exposure	6
Section 7: Tobacco Use	7
Section 8: Alcohol Consumption	7
Section 9: Asthma	8
Section 10: Diabetes	8
Module 1: Diabetes.....	8
Section 11: Oral Health.....	10
Section 12: Immunization	11
Section 13: Demographics	12
State-Added 1: Demographics	14
Section 14: Veteran’s Status	15
Section 15: Women’s Health	16
Section 16: Prostate Cancer Screening	17
Section 17: Colorectal Cancer Screening	18
Section 18: Family Planning.....	19
Section 19: Disability.....	20
State-Added 2: Disability Visitability.....	21
Section 20: HIV/AIDS	21
Section 21: Firearms	23
Transition to Modules and/or State-added Questions.....	24
State-Added 3: Public Health Improvement	24
Module 6: Indoor Air Quality	27
Module 7: Home Environment	28
Module 9: Adult Asthma History	29
Module 10: Childhood Asthma.....	30
Module 13: Folic Acid.....	31
Module 15: Smoking Cessation.....	32
Module 16: Secondhand Smoke Policy	33
State-Added 4: Smokeless Tobacco.....	34
State-Added 5: Smokeless Cessation.....	34
Module 19: Binge Drinking	35
State-Added 6: Sexually Transmitted Diseases	37
State-Added 7: Sexual Assault.....	37
Closing Statement	38

HELLO, I'm calling for the **Montana Dept. Public Health & Human Services** and the Centers for Disease Control and Prevention. My name is (name) . We're gathering information on the health of **Montana** residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number) ? **If "no"** Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **Stop**

Is this a private residence? **If "no"** Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 woman below. (Ask gender if necessary.) **{Go to "correct respondent" at bottom of page}**

If "no" Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **{Go to "correct respondent" at bottom of page}**

How many of these adults are men and how many are women?

___ Number of men
___ Number of women

The person in your household that I need to speak with is _____.
{If "you," go to page 2}

To correct respondent:

HELLO, I'm _____(name)_____calling for the **Montana Dept. Public Health & Human Services** and the Centers for Disease Control and Prevention. We're gathering information on the health of **Montana** residents. Your phone number has been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you give me will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

[The interview may be monitored for quality assurance purposes.]

Section 1: Health Status

1.1. Would you say that in general your health is:

Please read

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 2: Healthy Days – Health-related Quality of Life

2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- — Number of days
- 8 8 None
- 7 7 Don't know / Refused
- 9 9 Refused

2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

{If Q2.1 and Q2.2 are none, go to next section}

2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- — Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

- 3.1.** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

- 3.2.** Do you have one person you think of as your personal doctor or health care provider?

[If "NO", ask "Is there more than one or is there no person who you think of?"]

1 Yes, only one
2 More than one
3 No
7 Don't know / Not sure
9 Refused

- 3.3.** Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?

1 Yes
2 No
7 Don't know
9 Refused

Section 4: Exercise

- 4.1.** During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Section 5: Environmental Factors

The next two questions are about things in the air you breathe that may make you ill, not about an illness you can catch from other people, such as a cold.

- 5.1.** Things like dust, mold, smoke and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptoms that you think was caused by something in the air inside a home, office, or other building?

[NOTE: If the respondent has experienced an illness or symptom within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

- 5.2.** Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptoms that you think was caused by pollution in the air outdoors?

[NOTE: This question does not refer to natural agents like pollen or dust in outdoor air. If respondent is experiencing an illness or symptoms within the past 12 months that was caused by something in the air they encountered more than 12 months ago, the answer is "Yes".]

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Section 6: Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

- 6.1** Have you had a sunburn within the past 12 months?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not Sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 6.2** Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

- 1 One
- 2 Two
- 3 Three
- 4 Four
- 5 Five
- 6 Six or more
- 7 Don't know / Not sure

Section 7: Tobacco Use

7.1. Have you smoked at least 100 cigarettes in your entire life?

[5 packs = 100 cigarettes]

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

7.2. Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

7.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 8: Alcohol Consumption

8.1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

- 1__ __ Days per week
- 2__ __ Days in past 30
- 8 8 8 No drinks in past 30 days **[Go to next section]**
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused **[Go to next section]**

8.2. On the days when you drank, about how many drinks did you drink on the average?

- __ __ Number of drinks
- 7 7 Don't know / Not sure
- 9 9 Refused

8.3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

- __ __ Number of times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

8.4 During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

- | | | |
|---|---|-----------------------|
| — | — | Number of times |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 9: Asthma

9.1. Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- | | |
|---|---|
| 1 | Yes |
| 2 | No [Go to next section] |
| 7 | Don't know / Not sure [Go to next section] |
| 9 | Refused [Go to next section] |

9.2. Do you still have asthma?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 10: Diabetes

10.1. Have you ever been told by a doctor that you have diabetes?

[If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"]

[If Respondent says pre-diabetes or borderline diabetes, use response code 4.]

- | | |
|---|--|
| 1 | Yes |
| 2 | Yes, but female told only during pregnancy |
| 3 | No |
| 4 | No, pre-diabetes or borderline diabetes |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 1: Diabetes

{To be asked following core Q10.1 if response is "Yes"}

1. How old were you when you were told you have diabetes?

- | | | |
|---|---|--|
| — | — | Code age in years [97 = 97 and older] |
| 9 | 8 | Don't know / Not sure |
| 9 | 9 | Refused |

2. Are you now taking insulin?

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

- 1 ___ Times per day
- 2 ___ Times per week
- 3 ___ Times per month
- 4 ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- ___ Number of times [**76 = 76 or more**]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

8. A test, for "A one C," measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- ___ Number of times [**76 = 76 or more**]
- 8 8 None

- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

{If "no feet" to Q5, go to Q10}

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ ___ Number of times **[76 = 76 or more]**
- 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 11: Oral Health

- 11.1. How long has it been since you last visited a dentist or a dental clinic for any reason?
[Include visits to dental specialists, such as orthodontists]
[NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.]

Read Only if Necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago

Do not read

- 7 Don't know / Not sure

- 8 Never
- 9 Refused

11.2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.
[Include teeth lost due to "infection"]

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

{If Q11.1 = 8/Never OR q11.2 = 3/All, SKIP TO NEXT SECTION}

11.3. How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 8 Never
- 9 Refused

Section 12: Immunization

12.1. During the past 12 months, have you had a flu shot?

[Read if necessary: We want to know if you had a flu shot injected in your arm]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12.3. Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called a pneumococcal vaccine.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 13: Demographics

13.1 What is your age?

- ___ ___ Code age in years [**99 = 99 or higher**]
0 7 Don't know / Not sure
0 9 Refused

13.2 Are you Hispanic or Latino?

- 1 Yes
2 No
7 Don't know / Not sure
9 Refused

13.3 Which one or more of the following would you say is your race?

[Check all that apply]

Please read

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native

Or

- 6 Other **[specify]** _____

Do not read

- 8 No additional choices
7 Don't know / Not sure
9 Refused

{If more than one response to Q13.3, continue. Otherwise, go to Q13.5}

13.4 Which one of these groups would you say best represents your race?

- 1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native
6 Other **[specify]** _____
7 Don't know / Not sure
9 Refused

13.5 Are you?

Please read

- 1 Married
2 Divorced
3 Widowed
4 Separated
5 Never married

Or

- 6 A member of an unmarried couple

Do not read

9 Refused

13.6 How many children less than 18 years of age live in your household?

____ Number of children
8 8 None
9 9 Refused

13.7 What is the highest grade or year of school you completed?

Read only if necessary

1 Never attended school or only attended kindergarten
2 Grades 1 through 8 (Elementary)
3 Grades 9 through 11 (Some high school)
4 Grade 12 or GED (High school graduate)
5 College 1 year to 3 years (Some college or technical school)
6 College 4 years or more (College graduate)
9 Refused

13.8 Are you currently?

Please read

1 Employed for wages
2 Self-employed
3 Out of work for more than 1 year
4 Out of work for less than 1 year
5 A homemaker
6 A student
7 Retired

Or

8 Unable to work

Do not read

9 Refused

13.9 Is your annual household income from all sources?

[Note: If respondent refuses at ANY income level, code '99 Refused']

Read as appropriate

04 Less than \$25,000 **{If "no," ask 05; if "yes," ask 03}**
 (\$20,000 to less than \$25,000)

03 Less than \$20,000 **{If "no," code 04; if "yes," ask 02}**
 (\$15,000 to less than \$20,000)

02 Less than \$15,000 **{If "no," code 03; if "yes," ask 01}**
 (\$10,000 to less than \$15,000)

01 Less than \$10,000 **{If "no," code 02}**

05 Less than \$35,000 **{If "no," ask 06}**
 (\$25,000 to less than \$35,000)

06 Less than \$50,000 **{If "no," ask 07}**
 (\$35,000 to less than \$50,000)

07 Less than \$75,000 **{If "no," code 08}**
(\$50,000 to less than \$75,000)

08 \$75,000 or more

Do not read

77 Don't know / Not sure

99 Refused

13.10 About how much do you weigh without shoes?

[Note: If respondent answers in metrics, put "9" in column 126.]

[Round fractions up]

____ _ Weight
pounds/kilograms
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.11 About how tall are you without shoes?

[Note: If respondent answers in metrics, put "9" in column 130.]

[Round fractions down]

____ _/ ____ _ Height
ft / inches/meters/centimeters
7 7 7 7 Don't know / Not sure
9 9 9 9 Refused

13.12 What county do you live in?

____ _ FIPS county code
7 7 7 Don't know / Not sure
9 9 9 Refused

State-Added 1: Demographics

MT1_1 What is your ZIP code?

[IF NEEDED SAY: I mean the ZIP code of your residence, that is, where you live.]

____ _ Enter Zip Code
7 7 7 7 7 Don't know/Not Sure
9 9 9 9 9 Refused

13.13 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

1 Yes

2 No **[Go to Q13.15]**

7 Don't know / Not sure **[Go to Q13.15]**

9 Refused **[Go to Q13.15]**

13.14 How many of these phone numbers are residential numbers?

- Residential telephone numbers **[6=6 or more]**
- 7 Don't know / Not sure
- 9 Refused

13.15 During the past 12 months, has your household been without telephone service for 1 week or more?

[Note: Do not include interruptions of phone service because of weather or natural disasters.]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13.16 Indicate sex of respondent. Ask only if necessary.

- 1 Male **[Go to next section]**
- 2 Female

{If respondent 45 years old or older, go to next section.}

13.17 To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 14: Veteran's Status

14.1 The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

14.2 Which of the following best describes your service in the United States Military?

Please read

- 1 Currently on active duty **[Go to next section]**
- 2 Currently in a National Guard or Reserve unit **[Go to next section]**
- 3 Retired from military service
- 4 Medically discharged from military service
- 5 Discharged from military service

Do not read

- 7 Don't know/not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

14.3 In the last 12 months have you received some or all of your health care from VA facilities?

[If "Yes" probe for "all" or "some" of the health care.]

- 1 Yes, all of my health care
- 2 Yes, some of my health care
- 3 No, no VA health care received
- 7 Don't know/Not sure
- 9 Refused

Section 15: Women's Health

{If respondent is male go to next section}

15.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No **[Go to Q15.3]**
- 7 Don't know / Not sure **[Go to Q15.3]**
- 9 Refuse **[Go to Q15.3]**

15.2 How long has it been since you had your last mammogram?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.3 A clinical breast exam is when a doctor, nurse or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?

- 1 Yes
- 2 No **[Go to Q15.5]**
- 7 Don't know / Not sure **[Go to Q15.5]**
- 9 Refused **[Go to Q15.5]**

15.4 How long has it been since your last breast exam?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No **[Go to Q15.7]**

- 7 Don't know / Not sure **[Go to Q15.7]**
- 9 Refused **[Go to Q15.7]**

15.6 How long has it been since you had your last Pap test?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

{If response to Q13.17 is 1 (is pregnant), go to next section}

15.7 Have you had a hysterectomy?

[Note: A hysterectomy is an operation to remove the uterus (womb).]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Prostate Cancer Screening

{If respondent is 39 years old or younger, or is female, go to Q17.1}

16.1. A prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

- 1 Yes
- 2 No **[Go to Q16.3]**
- 7 Don't know / Not sure **[Go to Q16.3]**
- 9 Refused **[Go to Q16.3]**

16.2. How long has it been since you had your last PSA test?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

16.3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

- 1 Yes
- 2 No **[Go to Q16.5]**

- 7 Don't know / Not sure **[Go to Q16.5]**
- 9 Refused **[Go to Q16.5]**

16.4. How long has it been since your last digital rectal exam?

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

16.5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

{If respondent is 49 years old or younger, go to Q18.1}

17.1 A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- 1 Yes
- 2 No **[Go to Q17.3]**
- 7 Don't know / Not sure **[Go to Q17.3]**
- 9 Refused **[Go to Q17.3]**

17.2 How long has it been since you had your last blood stool test using a home kit?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

17.3 Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

17.4 How long has it been since you had your last sigmoidoscopy or colonoscopy?

Read only if necessary

- 1 Within the past year (anytime less than 12 months ago)

- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 Within the past 10 years (5 years but less than 10 years ago)
- 5 10 or more years ago
- 7 Don't know / Not sure
- 9 Refused

Section 18: Family Planning

{If respondent is female and 45 years of age or older, has had a hysterectomy, is pregnant, or male 60 years or older, go to next section.}

The next set of questions asks you about your thoughts and experiences with family planning. Please remember that all of your answers will be kept confidential.

- 18.1** Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, implants, shots, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy. Are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing anything now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

[NOTE: If more than one partner, consider usual partner.]

- 1 Yes
- 2 No **[Go to Q18.3]**
- 3 No partner/not sexually active **[Go to next section]**
- 4 Same sex partner **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 18.2** What are you or your **[if female, insert husband/partner, if male, insert wife/partner]** doing now to keep **[if female, insert 'you', if male, insert "her"]** from getting pregnant?

Read only if necessary

- 01 Tubes tied **[Go to next section]**
- 02 Hysterectomy (female sterilization) **[Go to next section]**
- 03 Vasectomy (male sterilization) **[Go to next section]**
- 04 Pill, all kinds (Seasonale, etc.) **[Go to Q18.4]**
- 05 Condoms (male or female) **[Go to Q18.4]**
- 06 contraceptive implants (Jadelle or Implants) **[Go to Q18.4]**
- 07 Shots (Depo-Provera) **[Go to Q18.4]**
- 08 Shots (Lunelle) **[Go to Q18.4]**
- 09 Contraceptive Patch **[Go to Q18.4]**
- 10 Diaphragm, cervical ring, or cap (Nuvaring or others) **[Go to Q18.4]**
- 11 IUD (including Mirena) **[Go to Q18.4]**
- 12 Emergency contraception (EC) **[Go to Q18.4]**
- 13 Withdrawal **[Go to Q18.4]**
- 14 Not having sex at certain times (rhythm) **[Go to Q18.4]**
- 15 Other method (foam, jelly, cream, etc.) **[Go to Q18.4]**
- 77 Don't know / Not sure **[Go to Q18.4]**
- 99 Refused **[Go to Q18.4]**

- 18.3** What is your main reason for not doing anything to keep **[if female, insert "you," if male, insert "your wife/partner"]** from getting pregnant?

Read only if necessary

- 01 Didn't think was going to have sex/no regular partner
 - 02 You want a pregnancy
 - 03 You or your partner don't want to use birth control
 - 04 You or your partner don't like birth control/fear side effects
 - 05 You can't pay for birth control
 - 06 Lapse in use of a method
 - 07 Don't think you or your partner can get pregnant
 - 08 You or your partner had tubes tied (sterilization) **[Go to next section]**
 - 09 You or your partner had a vasectomy (sterilization) **[Go to next section]**
 - 10 You or your partner had a hysterectomy **[Go to next section]**
 - 11 You or your partner are too old
 - 12 You or your partner are currently breast-feeding
 - 13 You or your partner just had a baby/postpartum
 - 14 Other reason
 - 15 Don't care if get pregnant
 - 16 Partner is pregnant now **[Go to next section]**
- Do not read**
- 77 Don't know / Not sure
 - 99 Refused

18.4 How do you feel about having a child now or sometime in the future? Would you say:

Please read

- 1 You don't want to have one **[Go to next section]**
- 2 You do want to have one **[Go to Q18.5]**
- 3 You're not sure if you do or don't **[Go to next section]**

Do not read

- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

18.5 How soon would you want to have a child? Would you say:

Please read

- 1 Less than 12 months from now
- 2 Between 12 months to less than two years from now
- 3 Between two years to less than 5 years from now, or
- 4 More than 5 years from now

Do not read

- 7 Don't know / Not sure
- 9 Refused

Section 19: Disability

The following questions are about health problems or impairments you may have.

19.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 19.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

[Note: Include occasional use or use in certain circumstances]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 2: Disability Visitability

- MT2_1** If a person who uses special equipment, such as a wheelchair, came to visit you, could they get into your house without being carried up steps or over other obstacles?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Section 20: HIV/AIDS

{If respondent is 65 year old or older, go to next section}

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

I'm going to read two statements about HIV. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 20.1** A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby.

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

- 20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer.

- 1 True
- 2 False
- 7 Don't know / Not sure
- 9 Refused

- 20.3** As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

[Note: Include Saliva tests]

- 1 Yes

- 2 No [Go to Q20.10]
- 7 Don't know/ Not sure [Go to Q20.10]
- 9 Refused [Go to Q20.10]

20.4 In the past 12 months, how many times have you been tested for HIV, including times you did not get your results:

- Times
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

20.5 Not including blood donations, in what month and year was your last HIV test?

[Note: Include Saliva tests]

[Note: If response is before January 1985, code "Don't know"]

- / — — — Code month and year
- 7 7 / 7 7 7 7 Don't know / Not sure
- 9 9 / 9 9 9 9 Refused

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

- — Reason Code
- Please Read**
- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 **IF FEMALE:** You were pregnant
- 07 It was done as part of a routine medical check-up
- 08 Or you were tested for some other reason
- Do not read**
- 7 7 Don't know / Not sure
- 9 9 Refused

20.7 Where did you have your last HIV test – at a private doctor or HMO, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, in a drug treatment facility, at home, or somewhere else?

- — Facility code
- Please read**
- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic
- 05 Jail or prison
- 06 Drug treatment facility
- 07 At home
- 08 Somewhere else
- Do not read**
- 7 7 Don't know / Not sure
- 9 9 Refused

{If Q20.7 is "04" (clinic) continue, if Q20.7 is "07" (at home) go to Q20.9, else go to Q20.10}

20.8 What type of clinic did you go to for your last HIV test?

- 1 Family planning clinic
- 2 STD clinic
- 3 Prenatal clinic
- 4 Public health clinic
- 5 Community health clinic
- 6 Hospital clinic
- 8 Other
- 7 Don't know / Not sure
- 9 Refused

{If 20.7=07, continue, else go to Q20.10}

20.9 Was this test done by a nurse or other health worker, or with a home testing kit?

- 1 Nurse or health worker
- 2 A home testing kit
- 7 Don't know / Not sure
- 9 Refused

I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

You have used intravenous drugs in the past year.

You have been treated for a sexually transmitted or venereal disease in the past year.

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

20.10 Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.11 In the past 12 months, has a doctor or other health professional talked to you about preventing sexually transmitted diseases through condom use?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 21: Firearms

The next questions are about firearms. We are asking these in a health survey because of our interest in firearm-related injuries. Please include weapons such as pistols, shotguns, and rifles; but not BB guns,

starter pistols, or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle.

21.1 Are any firearms kept in or around your home?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

21.2 Are any of these firearms now loaded?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

21.3 Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Transition to Modules and/or State-added Questions

Finally, I have just a few questions left about some other health topics.

State-Added 3: Public Health Improvement

MT3_1 To the best of your knowledge, is there a local health department in your community?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MT3_2 When you hear the term public health, which of the following do you think of? Would you say...

Please Read

- 1 Government provided health care system for all
- 2 Protecting the population from disease
- 3 Policies and programs that maintain healthy living conditions
- 4 Health care for the poor, like Medicaid and clinics

Or

- 5 Something else

Do not read

- 7 Don't Know/Not sure
- 9 Refused

How important do you think each of the following is to improving the health of the public?

MT3_3a. The prevention of the spread of infectious diseases like tuberculosis, measles, flu and AIDS.
Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3b. Conducting medical research into the causes and prevention of diseases. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3c. Immunization to prevent diseases. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3d. Making sure people are not exposed to unsafe water supply, dangerous air pollution or toxic waste. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3e. Working to reduce death and injuries from violence. Would you say it is.....?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3f. Encouraging people to live healthier lifestyles, to eat well, and not to smoke. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3g. Working to reduce death and injuries from accidents at work, in the home and on the streets. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_3h. Encouraging people to exercise more, lose and control their weight. Would you say it is...?

Please read

- 1 Very important
- 2 Somewhat important
- 3 Not Very important
- 4 Not at all important

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_4 Technically, medicine focuses primarily on the treatment of people who are sick, while public health focuses on protecting the population from disease. How would rate the Montana system of protecting the public health? Would you say it is...

Please read

- 1 Excellent
- 2 Good
- 3 Fair or
- 4 Poor

Do not read

- 7 Don't know/Not Sure
- 9 Refused

MT3_5 Currently, approximately 3 percent of the total national health expenditures go to population-wide public health and prevention activities and 97 percent go to personal medical treatment and services. How do you feel about the balance of spending? Do you feel ...

Please read

- 1 We have the balance of spending about right.
- 2 We should spend relatively more on public health
- 3 We should spend relatively more on personal medical treatment

Do not read

- 4 None of the above
- 7 Don't Know/Not Sure
- 9 Refused

Module 6: Indoor Air Quality

The next five questions are about the air quality in your home.

[Note: Home refers to the respondent's primary residence.]

- 1.** Is your home heated with a furnace or boiler that burns oil, gas, coal, or other fuel?
[Read if necessary: Not a total electric furnace or boiler.]

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 2.** Does your home have any of the following appliances powered by natural gas: a stove, an oven, a water heater, or a clothes dryer?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 3.** During the past 12 months, on how many days have you used a wood or coal stove, fireplace, or kerosene heater inside your home?

[Note: If Don't know/Not sure – ask for approximate number of days]

- — — Number of days **[Range = 1 – 365]**
- 555 Do not have
- 888 None
- 777 Don't know / Not sure
- 999 Refused

- 4.** A carbon monoxide or CO detector checks the level of carbon monoxide in your home. It is not a smoke detector. Do you have a CO detector in your home?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

- 5.** Do you currently have mold in your home on an area greater than the size of a dollar bill?

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

Module 7: Home Environment

The next four questions are about water used in your home and home pest control practices.

- 1.** What is the main source of your home water supply?
[Read if necessary: This refers to the water supply to taps or outlets inside the home.]

- 1 A city, county, or town water system
- 2 A small water system operated by a home association
- 3 A private well serving your home
- 4 Other source
- 7 Don't know / Not sure
- 9 Refused

- 2.** Which of the following best describes the water that you usually drink at home most often?

Please read

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled or vended water
- 4 Water from another source

Do not read

- 7 Don't know / Not sure
- 9 Refused

- 3.** During the past 12 months, on how many days were pesticides, sprays, or chemicals applied inside your home to kill bugs, mice, or other pests?

[Please read if necessary: Include pesticide powders, but do not include pest traps, pest strips, or herbal treatments.]

[Note: If response is 777 probe for approximate number of days]

- — — Number of days **[Range = 1-365]**
- 888 None
- 777 Don't know / Not sure
- 999 Refused

- 4.** During the past 12 months, on how many days were pesticides or chemicals applied in your yard to kill plant, animal, or insect pests, including applications by lawn care services?

[Please read if necessary: Do not include lime or fertilizer if no weed or bug killer used.]

[Note: If response is 777 probe for approximate number of days]

Please read

- — — Number of days **[Range = 1-365]**
- 555 Do not have a yard or garden
- 888 None
- 777 Don't know/Not sure

Module 9: Adult Asthma History**{If "Yes" to core Q9.1, continue...}**

Previously you said you were told by a doctor, nurse or other health professional that you had asthma.

1. How old were you when you were first told by a doctor or other health professional that you had asthma?

—	—	Age in years 11 or older [96 = 96 and older]
9	7	Age 10 or younger
9	8	Don't know / Not sure
9	9	Refused

{If "Yes" to Core Q9.2, continue...}

2. During the past 12 months, have you had an episode of asthma or an asthma attack?

1	Yes
2	No
7	Don't know / Not sure
9	Refused

3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

4. **[If one or more visits to Q3, fill in (Besides those emergency room visits.)]** During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma?

—	—	Number of visits [87 = 87 or more]
8	8	None
9	8	Don't know / Not sure
9	9	Refused

6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma?

—	—	—	Number of days
---	---	---	----------------

- | | | | |
|---|---|---|-----------------------|
| 8 | 8 | 8 | None |
| 7 | 7 | 7 | Don't know / Not sure |
| 9 | 9 | 9 | Refused |

7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say...

Please read

- | | |
|---|---|
| 8 | Not at any time [Go to Q9] |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Every day, but not all the time |

Or

- | | |
|---|-------------------------|
| 5 | Every day, all the time |
|---|-------------------------|

Do not read

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...

Please read

- | | |
|---|---------------|
| 8 | None |
| 1 | One or two |
| 2 | Three to four |
| 3 | Five |
| 4 | Six to ten |

Or

- | | |
|---|---------------|
| 5 | More than ten |
|---|---------------|

Do not read

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

9. During the past 30 days, how often did you take asthma medication that was prescribed or given to you by a doctor? This includes using an inhaler. Would you say?

Please read

- | | |
|---|---|
| 8 | Didn't take any |
| 1 | Less than once a week |
| 2 | Once or twice a week |
| 3 | More than 2 times a week, but not every day |
| 4 | Once every day |

Or

- | | |
|---|-----------------------------|
| 5 | Two or more times every day |
|---|-----------------------------|

Do not read

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 10: Childhood Asthma

{If response to core Q13.6 is '88' (none) or '99' (refused) go to next module.}

1. Earlier you said there were **[fill in number from core Q13.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

___ ___ Number of children
8 8 None **[Go to next section]**
7 7 Don't know / Not sure **[Go to next section]**
9 9 Refused **[Go to next section]**

2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

[If only one child from Q1 and response is "Yes" to Q2, code '01'. If response is "No", code '88'.]

___ ___ Number of children
8 8 None
7 7 Don't know / Not sure
9 9 Refused

Module 13: Folic Acid

1. Do you currently take any vitamin pills or supplements?

[Note: Include liquid supplements.]

1 Yes
2 No **[Go to Q5]**
7 Don't know / Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**

2. Are any of these a multivitamin?

1 Yes **[Go to Q4]**
2 No
7 Don't know / Not sure
9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid?

1 Yes
2 No **[Go to Q5]**
7 Don't know / Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**

4. How often do you take this vitamin pill or supplement?

1 ___ Times per day **[101-199 = TIMES PER DAY]**
2 ___ Times per week **[201-299 = TIMES PER WEEK]**
3 ___ Times per month **[301-399 = TIMES PER MONTH]**
7 7 7 Don't know / Not sure
9 9 9 Refused

{If respondent is 45 years or older, go to next section.}

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

Please read

- 1 To make strong bones
- 2 To prevent birth defects
- 3 To prevent high blood pressure

Or

- 4 Some other reason

Do not read

- 7 Don't know / Not sure
- 9 Refused

Module 15: Smoking Cessation

{If response to core Q7.2 is '3' continue, else if response to core Q7.2 is '1' or '2' go to Q2.}

Previously you said you have smoked cigarettes:

1. About how long has it been since you last smoked cigarettes?

Read only if necessary

- 0 1 Within the past month (anytime less than 1 month ago) **[Go to Q2]**
- 0 2 Within the past 3 months (1 month but less than 3 months ago) **[Go to Q2]**
- 0 3 Within the past 6 months (3 months but less than 6 months ago) **[Go to Q2]**
- 0 4 Within the past year (6 months but less than 1 year ago) **[Go to Q2]**
- 0 5 Within the past 5 years (1 year but less than 5 years ago) **[Go to next section]**
- 0 6 Within the past 10 years (5 years but less than 10 years ago) **[Go to next section]**
- 0 7 10 or more years ago **[Go to next section]**
- 7 7 Don't know / Not sure **[Go to next section]**
- 9 9 Refused **[Go to next section]**

{If response to Q1 is "01, 02, 03, or 04" OR if core Q7.2 is "1 or 2," continue.}

The next questions are about interactions you might have had with a doctor, nurse, or other health professional.

2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?

- ___ Number of times **[Range = 01-76]**
- 88 None **[Go to next section]**
- 77 Don't know / Not sure
- 99 Refused

3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?

- ___ Number of visits **[Range = 01-76]**
- 88 None
- 77 Don't know / Not sure
- 99 Refused

4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?

[Pronunciation: Well BYOU trin/ZEYE ban/byou PRO pee on]

___ Number of visits **[Range = 01-76]**
88 None
77 Don't know / Not sure
99 Refused

5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?

___ Number of visits **[Range = 01-76]**
88 None
77 Don't know / Not sure
99 Refused

Module 16: Secondhand Smoke Policy

1. Which statement best describes the rules about smoking inside your home?

Please read

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

Or

- 4 There are no rules about smoking inside your home

Do not read

- 7 Don't know / Not sure
- 9 Refused

{If "employed" or "self-employed" to core 13.8, continue. Otherwise, go to next module.}

2. While working at your job, are you indoors most of the time?

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?

Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

Please read

- 1 Not allowed in any public areas
- 2 Allowed in some public areas
- 3 Allowed in all public areas

Or

- 4 No official policy
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

4. Which of the following best describes your place of work's official smoking policy for work areas?

Please read

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read

- 7 Don't know / Not sure
- 9 Refused

State-Added 4: Smokeless Tobacco

MT4_1 Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

- 1 Yes
- 2 No **[go to next section]**
- 7 Don't Know/Not Sure **[go to next section]**
- 9 Refused **[go to next section]**

MT4_2 Do you currently use chewing tobacco or snuff every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all **[Go to next section]**
- 7 Don't know/Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

MT4_3 During the past 12 months, have you stopped using chewing tobacco or snuff for one day or longer because you were trying to quit?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

State-Added 5: Smokeless Cessation

{Ask if MT4_2=3}

MT5_1.About how long has it been since you last used chewing tobacco or snuff regularly?

Read only if necessary:

- 01 Within the past month (anytime less than 1 month ago) **[Continue to MT5_2]**
- 02 Within the past 3 months (1 month but less than 3 months ago) **[Continue to MT5_2]**

- 03 Within the past 6 months (3 months but less than 6 months ago) [**Continue to MT5_2**]
- 04 Within the past year (6 months but less than 1 year ago) [**Continue to MT5_2**]
- 05 Within the past 5 years (1 year but less than 5 years ago) [**Go to next section**]
- 06 Within the past 10 years (5 years but less than 10 years ago) [**Go to next section**]
- 07 Ten or more years ago [**Go to next section**]
- 77 Don't know/Not sure [**Go to next section**]
- 99 Refused [**Go to next section**]

{IF: MT5_1 is coded '01 ,02, 03, or 04' OR if MT4_2 is coded '1' or '2' continue}

{IF: MOD15_2 is coded '01-76' go to MT5_3; MOD15_2 is coded '88' go to next section;}

MT5_2 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- 1 Yes
- 2 No [**Go to next section**]
- 7 Don't know/Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

MT5_3 In the last 12 months, has a doctor, nurse, or other health professional advised you to quit using chewing tobacco or snuff?

- 1 Yes
- 2 No [**Go to next section**]
- 7 Don't know/Not sure [**Go to next section**]
- 9 Refused [**Go to next section**]

In the past 12 months, when a doctor, nurse, or other health professional advised you to quit using chewing tobacco or snuff, did they also do any of the following?

MT5_4a Did they discuss or prescribe medication, such as a nicotine patch, gum, nasal spray, inhaler, or lozenge, or pills such as Zyban or Wellbutrin?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

MT5_4b Did they discuss methods and strategies other than medication to assist you with quitting chewing tobacco or snuff?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Module 19: Binge Drinking

{Note: Ask if Core Q8.3 = 1-30 (or does not equal 77, 88, 99)}

The next questions are about the most recent occasion when you had 5 or more alcoholic beverages. One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor.

[Interviewer read only if necessary:

NOTE: "Occasion" means 'in a row' or 'within a few hours'

NOTE: If the respondent asks about how to count an over-sized drink (e.g., a 40-ounce bottle of malt liquor), then repeat: "One alcoholic beverage is equal to a 12-ounce beer, a 4-ounce glass of wine, or a drink with 1 shot of liquor."]

1. During the most recent occasion when you had 5 or more alcoholic beverages, about how many beers, including malt liquor, did you drink?

___ ___ Number (Round up)
8 8 None
7 7 Don't know / Not sure
9 9 Refused

2. During the same occasion, about how many glasses of wine, including wine coolers, hard lemonade, or hard cider, did you drink?

[NOTE: Flavored malt beverages other than hard lemonade or hard cider (e.g., Smirnoff Ice and Zima, etc.) should be counted as wine.]

___ ___ Number (Round up)
8 8 None
7 7 Don't know / Not sure
9 9 Refused

3. During the same occasion, about how many drinks of liquor, including cocktails, did you have?

___ ___ Number (Round up)
8 8 None
7 7 Don't know / Not sure
9 9 Refused

4. During this most recent occasion, where were you when you did most of your drinking?

Please read

- 1 At your home, for example, your house, apartment, condominium or dorm room
- 2 At another person's home
- 3 At a restaurant or banquet hall
- 4 At a bar or club
- 5 At a public place, such as at a park, concert, or sporting event
- 6 Other

Do not read

- 7 Don't know / Not sure
- 9 Refused

5. During this most recent occasion, how did you get most of the alcohol?

Please read

- 1 Someone else bought it for me or gave it to me
- 2 I bought it at a store, such as a liquor store, convenience store, or grocery store

- 3 I bought it at a restaurant, bar or public place
- 4 Other
- Do not read**
- 7 Don't know / Not sure
- 9 Refused

6. Did you drive a motor vehicle, such as a car, truck, or motorcycle during or within a couple of hours after this occasion?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 6: Sexually Transmitted Diseases

Earlier we asked questions about your knowledge of HIV and other sexually transmitted diseases.

MT6_1 During the past 12 months, have you been tested for a sexually transmitted disease or STD because you were concerned about having an infection?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MT6_2 During the past 12 months, has a doctor, nurse or other health professional told you that you had a sexually transmitted disease or STD?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added 7: Sexual Assault

The next two questions are about unwanted sexual experiences. Such experiences are generally under-reported, but it is essential to get a more accurate count of sexual assaults in order to continue funding hotlines and crisis centers that provide services to victims. We understand that this is a sensitive topic and that people may feel uncomfortable with these questions. Please remember that you may refuse to answer any question and that your responses are strictly confidential.

MT7_1 In the past 12 months, has anyone had sex - which would include vaginal, anal and oral sex, as well as the insertion of fingers or any other object into the vagina or anus - with you, against your will or without your consent?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

MT7_2 In the past 12 months, has anyone attempted to have sex with you against your will or without your consent, but intercourse/penetration did not occur?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Sexual Assault Closing Statement: We realize that these questions may bring up past experiences that you may want to talk with someone about. If you or someone you know would like help, please call 1-800-656-4673.

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

If you have any questions about this survey, you can call Joanne Oreskovich at the Montana Department of Health and Human Services at (406) 444-2973. Would you like me to repeat that name and number so you can write it down?